

**Application Data Sheet**  
**Application Information**

**Application number::**

**Filing Date::**

**Application Type::** Regular

**Subject Matter::** Utility

**Suggested classification::**

**Suggested Group Art Unit::**

**CD-ROM or CD-R?::** None

**Number of CD disks::**

**Number of copies of CDs::**

**Sequence submission?::** Paper

**Computer Readable Form (CRF)?::**

**Number of copies of CFR::**

**Title::** DYNAMIC CODE GENERATION SYSTEM

**Attorney Docket Number::** BEAS-01316US2

**Request for Early Publication?::** NO

**Request for Non-Publication?::** NO

**Suggested Drawing Figure::** 1

**Total Drawing Sheets::** 1

**Small Entity?::** NO

**Latin name::**

**Variety denomination name::**

**Petition included?::** NO

**Petition Type::**

**Licensed US Govt. Agency::**

**Contract or Grant Numbers::**

**Secrecy Order in Parent Appl.?:** NO

### **Applicant Information**

**Applicant Authority Type:** INVENTOR

**Primary Citizenship Country:** US

**Status:** FULL CAPACITY

**Given Name:** WILLIAM

**Middle Name:** JOHN

**Family Name:** GALLAGHER

**Name Suffix:**

**City of Residence:** EASTON

**State or Province of Residence:** PA

**Country of Residence:** US

**Street of mailing address:** 1885 DAYTON DRIVE

**City of mailing address:** EASTON

**State or Province of mailing address:** PA

**Country of mailing address:** US

**Postal or Zip Code of mailing address:** 18040

### **Correspondence Information**

**Correspondence Customer Number:** 23910

**Phone number:** (415) 362-3800

**Fax Number:** (415) 362-2928

**Email address:** SBachmann@fdml.com

### **R presentativ Information**

**Representative Customer Number::** 23910

### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	An Application claiming the benefit under 35 USC 119(e)	60/450,720	02/28/03

### **Foreign Priority Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

### **Assignee Information**

**Assignee Name::** BEA SYSTEMS, INC.  
**Street of mailing address::** 2315 NORTH FIRST STREET  
**City of mailing address::** SAN JOSE  
**State or Province of mailing address::** CA  
**Country of mailing address::** US  
**Postal or Zip Code of mailing address::** 95131